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## Results

- Only 1 patient had capacity to request withdrawal, and 1 patient had no surrogate requiring a legal guardian to be designated.
- The surrogate decision maker was a spouse or partner (44.1%), child (29.9%), parent (9.4%), sibling (7.9%), extended family member (4.7%), or friend (3.1%).
- Eighty-two (64.6%) had documented reasons for withdrawal of VA-ECMO.

### Documented Reasons for Withdrawal of VA-ECMO

Reason	Percentage
Futility	33%
Patient's wishes	30%
Suffering	23%
Quality of life	10%
Dignity	4%

- After 2013, 43 patients (44.8%) had a PC consult with a median of 4 days from initial consultation to withdrawal.
- At the time of withdrawal, 31 (24.4%) had clinical and/or radiologic evidence of anoxic brain injury, and this influenced number of life support measures, length of time on VA-ECMO, and number of PC visits (Wilks lambda 0.8926, DF 5,121,  $p = 0.016$ ).
- The length of time on VA-ECMO correlated with increased number of PC visits ( $r=0.525$ ,  $p=0.001$ ).
- Further, presence of anoxic brain injury was associated with decreased number of PC visits ( $t=2.73$ ,  $p=0.007$ ).

